



State of Rhode Island
and Providence Plantations
Department of State – Business Services Division

148 W. River Street
Providence, RI 02904-2615
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2019

Filing Period: September 1 - November 1 • **Filing Fee:** \$50.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

*In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of \$25.00.

| | | | | | | |
|---|--------------------|--|--|--------------------|--|--|
| 1. ID No. 001687043 | | 2. Exact name of the limited liability company Johnson Brothers Rhode Island Realty Investment II, LLC | | | 3. NAICS Code 531312 | |
| 4. Brief description of the character of the business which is actually conducted in Rhode Island Real estate investment | | | | | 5. State of Formation Rhode Island | |
| 6. Principal office address 55 Sand Island Lane | | | City Otisfield | State ME | Zip 04270 | |
| 7. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: | | | | | | |
| Contact Name Corey E. Johnson | | | Contact Title Manager | | | |
| Street Address 55 Sand Island Lane | | | City Otisfield | State ME | Zip 04270 | |
| 8. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | | | | | |
| Manager Name Corey E. Johnson | | | Manager Name Brendon E. Johnson | | | |
| Street Address 55 Sand Island Lane | | | Street Address 55 Sand Island Lane | | | |
| City Otisfield | State ME | Zip 04270 | City Otisfield | State ME | Zip 04270 | |
| Manager Name Garrick B. Johnson | | | Manager Name Darryl E. Johnson | | | |
| Street Address 55 Sand Island Lane | | | Street Address 55 Sand Island Lane | | | |
| City Otisfield | State ME | Zip 04270 | City Otisfield | State ME | Zip 04270 | |
| 9. RESIDENT AGENT IN RHODE ISLAND | | | | | | |
| This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 642 – R.I.G.L. 7-16-11Orson and Brusini Ltd. | | | | | | |

FILED

DEC 05 2019

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This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Corey Johnson 10/16/19
Signature of Authorized Person Date

Corey E. Johnson, Manager

Print or Type Name of Authorized Person

File Date _____
Check No. _____
By: _____
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